Harnett County Department of Public Health

PERMIT # BRES	Operation Permit New Installation ✓ Septic Tank ✓ Nitrification Line □ Repair □ Expansion
	PROPERTY LOCATION: 54 1705 OID FOUR ROUND RD
System Installer: Basement with plumbing:	
Type of Water Supply:	
System Type: P	p to low Protele Chamber Types V and VI Systems expire in 5 years.
(In accordance with Table	Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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	10-32
	SR 1705 OID Faingnound RD
PERMIT CONDITIONS:	System shall perform in accordance with Rule .1961.
	As required by Rule .1961.
III. Maintenance:	As required by Rule .1961. Other:
	Subsurface system operator required? Yes \(\sigma\) No \(\sigma\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	ryes, see attached sheet for additional operation conditions, maintenance and reporting.
V 0-1	
V. Other:	D-Box
Eollowing are the specif	ications for the saware disposal system on the above cantioned property
Type of system:	onventional Other Low Deote 18 Chronica Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface	No. of exact length width of a depth of 12
Drainage Field French Drain Required:	ditches of each ditch feet ditches feet ditches inches
	Marila ARRIS Date 7-7-73
Authorized State Agent Date 2-2-25	